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August 26, 2003

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PATENT APPLICATION

Assistant Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 35 U.S.C. 1.111 and
37 C.F.R. 1.53 is the patent application of:

Applicants: Moenning and Irlbeck

Title: **DENTAL ANESTHESIA ADMINISTRATION MASK AND
EYE SHIELD**

Atty. Docket No.: 7432-0046

Enclosed are:

Specification (48 pages)
 Claims (33 claims)
 Drawings (23 sheets)
 Abstract

I hereby certify that this paper or fee (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as "Express Mail, Post Office to Addressee" by the certificate number set forth in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Date: Tuesday, August 26, 2003Signed: Marianne E. Morris
Marianne E. MorrisExp. Cert. No.: EL979755169US

17058 U.S. PTO
10/647991
08/26/03

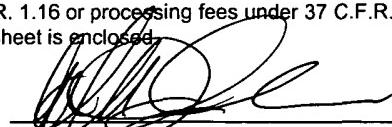
Declaration and Power of Attorney (unsigned)
Assignments of the invention
Check for \$576.00 (filing fee)
Priority Document
Information Disclosure Statement
Form PTO-1449
Copies of Cited References
Preliminary Amendment

CLAIMS AS FILED				
	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE (37 C.F.R. 1.16 (a))			\$750	\$750
TOTAL CLAIMS (37 C.F.R. 1.16(c))	33	13	x\$18	\$ 234
INDEPENDENT CLAIMS (37 CFR 1.16(b))	5	2	x\$84	\$ 168
MULTIPLE DEPENDENT CLAIM PRESENT	(37 C.F.R. 1.16(d))		\$270	
* NUMBER EXTRA MUST BE ZERO OR LARGER			TOTAL	\$1,152.00
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	\$576.00

FEE FOR RECORDING ASSIGNMENT _____

TOTAL FEES \$576.00

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required, or credit of any overpayment, to Account No. 50-1590. A duplicate copy of this sheet is enclosed.


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